## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**Application or Docket Number** 

10006060

|                                                                                       |                                                                                                                                                                                                                                                                                                                    | CLAIMS AS                                 | FILED -<br>(Column |                               | SMALL ENTITY TYPE            |                  | OR | OTHER THAN<br>OR SMALL ENTITY |                        |    |                     |                        |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------|-------------------------------|------------------------------|------------------|----|-------------------------------|------------------------|----|---------------------|------------------------|
| TOTAL CLAIMS                                                                          |                                                                                                                                                                                                                                                                                                                    |                                           | 20                 |                               |                              |                  | 1  | RATE                          | FEE                    | 1  | RATE                | FEE                    |
| FOR                                                                                   |                                                                                                                                                                                                                                                                                                                    |                                           | NUMBER FILED       |                               | NUMBER EXTRA                 |                  |    | BASIC FEE                     | 370.00                 | OR | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                                                                                                                                                                                                                                                                                    |                                           | 20 minus 20=       |                               | * Ø                          |                  |    | X\$ 9=                        |                        | OR | X\$18=              |                        |
| IND                                                                                   | EPENDENT CL                                                                                                                                                                                                                                                                                                        | AIMS                                      | 4 minus 3 =        |                               | * '                          |                  |    | X42=                          |                        | OR | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                                                                                                                                                                                                                                                                                    |                                           |                    |                               |                              |                  |    | +140=                         |                        |    | +280=               |                        |
| * If the difference in column 1 is less than zero, enter                              |                                                                                                                                                                                                                                                                                                                    |                                           |                    |                               |                              | olumn 2          |    |                               |                        | OR |                     |                        |
| CLAIMS AS AMENDED - PART II                                                           |                                                                                                                                                                                                                                                                                                                    |                                           |                    |                               |                              |                  |    | TOTAL                         |                        | OR | OTHER               | THAN                   |
|                                                                                       |                                                                                                                                                                                                                                                                                                                    | (Column 1)                                |                    | (Colu                         | mn 2)                        | (Column 3)       |    | SMALL                         | ENTITY                 | OR | SMALL               |                        |
| AMENDMENT A                                                                           |                                                                                                                                                                                                                                                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |    | RATE                          | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                              | *                                         | Minus              | **                            |                              | =                |    | X\$ 9=                        |                        | OR | X\$18=              |                        |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                        | *                                         | Minus              | ***                           | -                            | =                |    | X42=                          |                        | OR | X84=                |                        |
| Ľ                                                                                     | FIRST PRESE                                                                                                                                                                                                                                                                                                        | NTATION OF M                              | ULTIPLE DEF        | PENDEN                        | CLAIM                        |                  |    | +140=                         |                        |    | +280=               | ·                      |
|                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                           |                    |                               |                              |                  |    |                               |                        | OR | TOTAL               |                        |
| (Column 1) (Column 2) (Column 3)                                                      |                                                                                                                                                                                                                                                                                                                    |                                           |                    |                               |                              |                  |    | ADDIT. FEE                    |                        | OR | ADDIT. FEE          |                        |
| ENT B                                                                                 |                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT          |                    | HIGH<br>NUM<br>PREVI          |                              | PRESENT<br>EXTRA |    | RATE                          | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>                                                                      | Total                                                                                                                                                                                                                                                                                                              | *                                         | Minus              | tit                           |                              | =                |    | X\$ 9=                        |                        | OR | X\$18=              |                        |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                        | *                                         | Minus              | ***                           | F CL AINA                    | -                |    | X42=                          | -                      | OR | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                                                                                                                                                                                                                                                                                                    |                                           |                    |                               |                              |                  |    | +140=                         |                        | OR | +280=               |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                           |                    |                               |                              |                  | ,  | TOTAL<br>ADDIT. FEE           |                        | OR | TOTAL<br>ADDIT. FEE |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                           |                    |                               |                              |                  |    |                               |                        |    |                     |                        |
| AMENDMENT C                                                                           |                                                                                                                                                                                                                                                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |    | RATE                          | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                              | *                                         | Minus              | **                            |                              | =                |    | X\$ 9=                        |                        | OR | X\$18=              |                        |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                        | *                                         | Minus              | ***                           |                              | 3                |    | X42=                          |                        | OR | X84=                |                        |
| Ľ                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDE                                                                                                                                                                                                                                                                             |                                           |                    |                               |                              |                  | J  |                               |                        |    |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                                                                                                    |                                           |                    |                               |                              |                  |    |                               |                        | OR | +280=<br>TOTAL      |                        |
| **                                                                                    | ** If th "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (T. tal or Independent) is the highest number found in the appropriate box in column 1. |                                           |                    |                               |                              |                  |    |                               |                        |    |                     |                        |